

06-06-01

PTO/SB/05 (11-00)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages **62**]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [ Total Sheets **4** ]
5. Oath or Declaration [ Total Pages **2** ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for continuation/divisional with Box 18 completed)*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

Attorney Docket No. **180/102/2**First Inventor **Herman F. Staats**Title **See 1 in Addendum**Express Mail Label No. **EK580268401US**
**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program *(Appendix)*
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of *(when there is an assignee)*  Attorney
11.  English Translation Document *(if applicable)*
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16.  Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No. **09 / 168,910**

Prior application information:

Examiner **Landsman, R.**Group Art Unit: **1647**For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**
 Customer Number or Bar Code Label *(Insert Customer No. or Bar code label here)* or  Correspondence address below

|         |                         |  |          |
|---------|-------------------------|--|----------|
| Name    | <b>25297</b>            |  |          |
|         | PATENT TRADEMARK OFFICE |  |          |
| Address |                         |  |          |
| City    | State                   |  | Zip Code |
| Country | Telephone               |  | Fax      |

|                   |                      |                                   |        |
|-------------------|----------------------|-----------------------------------|--------|
| Name (Print/Type) | Arles A. Taylor, Jr. | Registration No. (Attorney/Agent) | 39,395 |
|-------------------|----------------------|-----------------------------------|--------|

|           |                             |      |                     |
|-----------|-----------------------------|------|---------------------|
| Signature | <i>Arles A. Taylor, Jr.</i> | Date | <i>June 5, 2001</i> |
|-----------|-----------------------------|------|---------------------|

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 364.00)

Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   |                  |
| Filing Date          |                  |
| First Named Inventor | Herman F. Staats |
| Examiner Name        |                  |
| Group Art Unit       |                  |
| Attorney Docket No.  | 180/102/2        |

| METHOD OF PAYMENT  |               |               |               | FEE CALCULATION (continued)   |                      |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
|--|---------------|---------------|---------------|---|----------------------|--|--|--------------|--------------|--|--|--|---------------|---------------|---------------|---------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|----------------------|-----|----|-----|----|--|----------------------|-----|-----|-----|-----|---------------------------|----------------------|-----|-------|-----|-------|---|----------------------|-----|------|-----|------|--|----------------------|-----|--------|-----|--------|---|----------------------|-----|-----|-----|----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|-----|-------|-----|-----|---|----------------------|-----|-------|-----|-----|--|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|--------------------------|----------------------|-----|-------|-----|-------|---|----------------------|-----|-----|-----|----|----------------------------------|----------------------|-----|-------|-----|-----|------------------------------------|----------------------|-----|-------|-----|-----|--------------------------------|----------------------|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|-----------------|----------------------|-----|-----|-----|-----|-------------------------------|----------------------|-----|----|-----|----|-------------------------------------|----------------------|-----|-----|-----|-----|---|----------------------|-----|----|-----|----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|---|----------------------|---------------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <input type="text"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |               |               |               | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2"></th> <th></th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td><input type="text"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><input type="text"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td><input type="text"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="text"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><input type="text"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td><input type="text"/></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td><input type="text"/></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td><input type="text"/></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td><input type="text"/></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td><input type="text"/></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td><input type="text"/></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td><input type="text"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="text"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td><input type="text"/></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td><input type="text"/></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td><input type="text"/></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td><input type="text"/></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td><input type="text"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="text"/></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td><input type="text"/></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td><input type="text"/></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="text"/></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="text"/></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td><input type="text"/></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="text"/></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL (3) (\$ 0.00</td> </tr> </tbody> </table> |                      |  |  | Large Entity | Small Entity |  |  |  | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <input type="text"/> | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="text"/> | 139 | 130 | 139 | 130 | Non-English specification | <input type="text"/> | 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | <input type="text"/> | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | <input type="text"/> | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | <input type="text"/> | 115 | 110 | 215 | 55 | Extension for reply within first month | <input type="text"/> | 116 | 390 | 216 | 195 | Extension for reply within second month | <input type="text"/> | 117 | 890 | 217 | 445 | Extension for reply within third month | <input type="text"/> | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | <input type="text"/> | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | <input type="text"/> | 119 | 310 | 219 | 155 | Notice of Appeal | <input type="text"/> | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | <input type="text"/> | 121 | 270 | 221 | 135 | Request for oral hearing | <input type="text"/> | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <input type="text"/> | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | <input type="text"/> | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | <input type="text"/> | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | <input type="text"/> | 143 | 440 | 243 | 220 | Design issue fee | <input type="text"/> | 144 | 600 | 244 | 300 | Plant issue fee | <input type="text"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="text"/> | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | <input type="text"/> | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | <input type="text"/> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="text"/> | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="text"/> | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | <input type="text"/> | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | <input type="text"/> | Other fee (specify) _____ |  |  |  |  |  |  |  |  |  | SUBTOTAL (3) (\$ 0.00 |  |
| Large Entity   | Small Entity  |               |               |   |                      |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| Fee Code (\$)  | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Description   | Fee Paid             |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 105  | 130           | 205           | 65            | Surcharge - late filing fee or oath   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 127  | 50            | 227           | 25            | Surcharge - late provisional filing fee or cover sheet  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 139  | 130           | 139           | 130           | Non-English specification   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 147  | 2,520         | 147           | 2,520         | For filing a request for ex parte reexamination   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 112  | 920*          | 112           | 920*          | Requesting publication of SIR prior to Examiner action  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 113  | 1,840*        | 113           | 1,840*        | Requesting publication of SIR after Examiner action   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 115  | 110           | 215           | 55            | Extension for reply within first month  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 116  | 390           | 216           | 195           | Extension for reply within second month   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 117  | 890           | 217           | 445           | Extension for reply within third month  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 118  | 1,390         | 218           | 695           | Extension for reply within fourth month   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 128  | 1,890         | 228           | 945           | Extension for reply within fifth month  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 119  | 310           | 219           | 155           | Notice of Appeal  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 120  | 310           | 220           | 155           | Filing a brief in support of an appeal  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 121  | 270           | 221           | 135           | Request for oral hearing  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 138  | 1,510         | 138           | 1,510         | Petition to institute a public use proceeding   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 140  | 110           | 240           | 55            | Petition to revive - unavoidable  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 141  | 1,240         | 241           | 620           | Petition to revive - unintentional  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 142  | 1,240         | 242           | 620           | Utility issue fee (or reissue)  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 143  | 440           | 243           | 220           | Design issue fee  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 144  | 600           | 244           | 300           | Plant issue fee   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 122  | 130           | 122           | 130           | Petitions to the Commissioner   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 123  | 50            | 123           | 50            | Processing fee under 37 CFR 1.17(q)   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 126  | 180           | 126           | 180           | Submission of Information Disclosure Stmt   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 581  | 40            | 581           | 40            | Recording each patent assignment per property (times number of properties)  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 146  | 710           | 246           | 355           | Filing a submission after final rejection (37 CFR § 1.129(a))   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 149  | 710           | 249           | 355           | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 179  | 710           | 279           | 355           | Request for Continued Examination (RCE)   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| 169  | 900           | 169           | 900           | Request for expedited examination of a design application   | <input type="text"/> |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| Other fee (specify) _____  |               |               |               |   |                      |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
|  |               |               |               | SUBTOTAL (3) (\$ 0.00   |                      |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |
| <p>*or number previously paid, if greater; For Reissues, see above</p>   |               |               |               | SUBTOTAL (3) (\$ 0.00   |                      |  |  |              |              |  |  |  |               |               |               |               |                 |          |     |     |     |    |                                     |                      |     |    |     |    |  |                      |     |     |     |     |                           |                      |     |       |     |       |   |                      |     |      |     |      |  |                      |     |        |     |        |   |                      |     |     |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |       |     |     |   |                      |     |       |     |     |  |                      |     |     |     |     |                  |                      |     |     |     |     |  |                      |     |     |     |     |                          |                      |     |       |     |       |   |                      |     |     |     |    |                                  |                      |     |       |     |     |                                    |                      |     |       |     |     |                                |                      |     |     |     |     |                  |                      |     |     |     |     |                 |                      |     |     |     |     |                               |                      |     |    |     |    |                                     |                      |     |     |     |     |   |                      |     |    |     |    |  |                      |     |     |     |     |   |                      |     |     |     |     |  |                      |     |     |     |     |   |                      |     |     |     |     |   |                      |                           |  |  |  |  |  |  |  |  |  |                       |  |

| SUBMITTED BY      |                             | Complete (if applicable)             |        |                         |
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## Addendum

- ## 1. SUBSTANTIALLY NON-TOXIC BIOLOGICALLY ACTIVE MUCOSAL ADJUVANTS IN VERTEBRATE SUBJECTS

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Katrina T. Holland

Katrina T. Holland

Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, D.C. 20231

Re: U.S. Divisional Patent Application for SUBSTANTIALLY NON-TOXIC BIOLOGICALLY ACTIVE MUCOSAL ADJUVANTS IN VERTEBRATE SUBJECTS  
Our File No. 180/104/2

Sir:

Please find enclosed the following:

1. A U.S. divisional patent application for SUBSTANTIALLY NON-TOXIC BIOLOGICALLY ACTIVE MUCOSAL ADJUVANTS IN VERTEBRATE SUBJECTS (62 pages);
2. Four (4) sheets of formal drawings;
3. Copy of executed Declaration (2 pages);
4. Copy of previously recorded executed Assignment (3 pages);
5. Utility Patent Application Transmittal Form (Form PTO/SB/05, 2 pages);
6. Fee Transmittal Form (Form PTO/SB/17) in duplicate;
7. Copy of previously filed Recordation Form Cover Sheet (Form PTO-1595, 2 pages);

Commissioner for Patents  
June 5, 2001  
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8. Copy of Notice of Recordation of Assignment Document indicating reel/frame information;
9. Information Disclosure Statement (7 pages);
10. Forms PTO/SB/08A (2 pages) and PTO/SB/08B (2 pages), in duplicate;
11. A check in the amount of \$364.00 to cover the application filing fee;
12. A return-receipt postcard to be returned to our offices with the U.S. Patent and Trademark Office date stamp thereon; and
13. A Certificate of Express Mail No.: EK580268401US.

Please contact our offices if there are any questions.

Although a check is being submitted, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment associated with the filing of this correspondence to Deposit Account Number **50-0426**.

Respectfully submitted,

JENKINS & WILSON, P.A.



Arles A. Taylor, Jr.  
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AAT/ajm

Enclosures